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CE Disclosure

JPS Health Network is accredited as a provider of nursing continuing professional deve
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- This activity is approved for 1.0 Nursing Continuing Professional Development hours.
- The planners and presenters of this event have disclosed no relevant financial rela with any commercial companies pertaining to this activity.
- To receive credit for today's activity, attendees must be present for the entire event complete the post-activity evaluation. Evaluations can be completed by scanning th available QR code. The evaluation will remain open for ten days. Once the survey certificates will be emailed.

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Sepsis Mortality & Health Equality Equity and Inclusion: New Regulations & New Challenges

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R – Meet monthly

I – Interdisciplinary system-wide participation

S – Adherence to interventions

E – Sepsis mortality reduction

Objectives

- Aim & Scope-Sepsis Mortality - Health Equality Equity & Inclusion
- Background Data Timeline
- Unintentional Bias Equity & Inclusion
- Key Learning & Next Steps

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Disclosures

- No disclosures to report.

Methodist HEALTH SYSTEM

- Methodist Health System
- Six hospital system Dallas, TX
- Celina hospital opening 2025
- Serves a population more than 3 million people

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Methodist Health System Sepsis Mortality Journey

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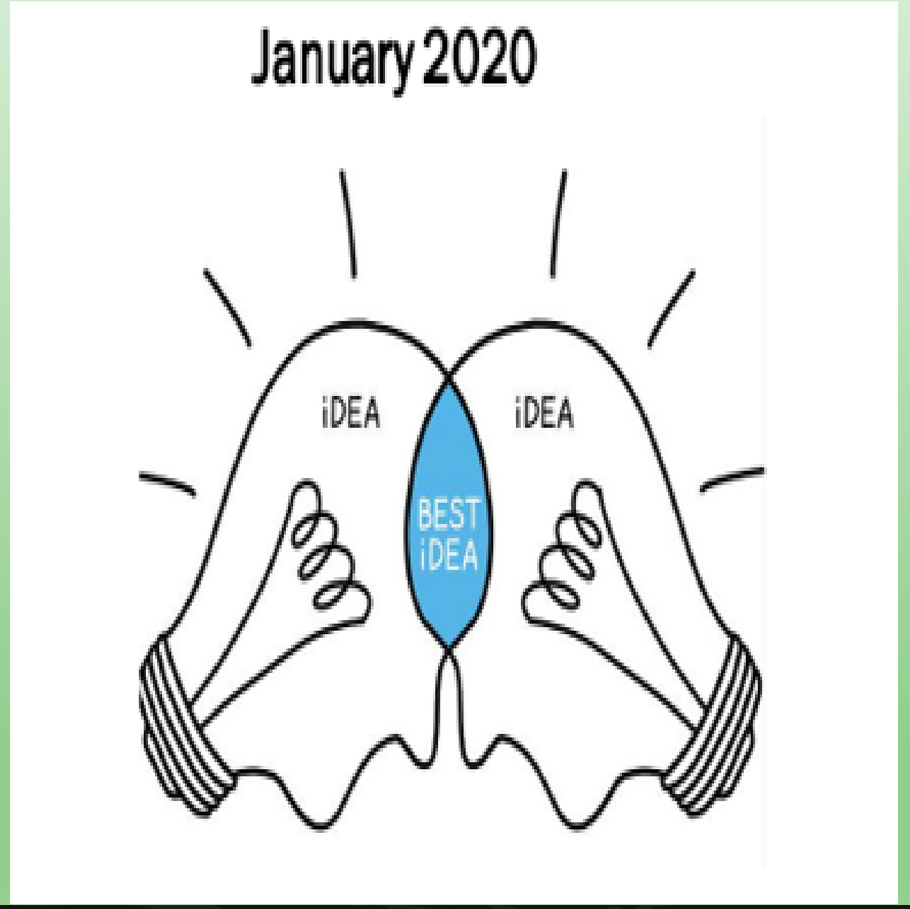
Mayo – Methodist Health System Collaborative



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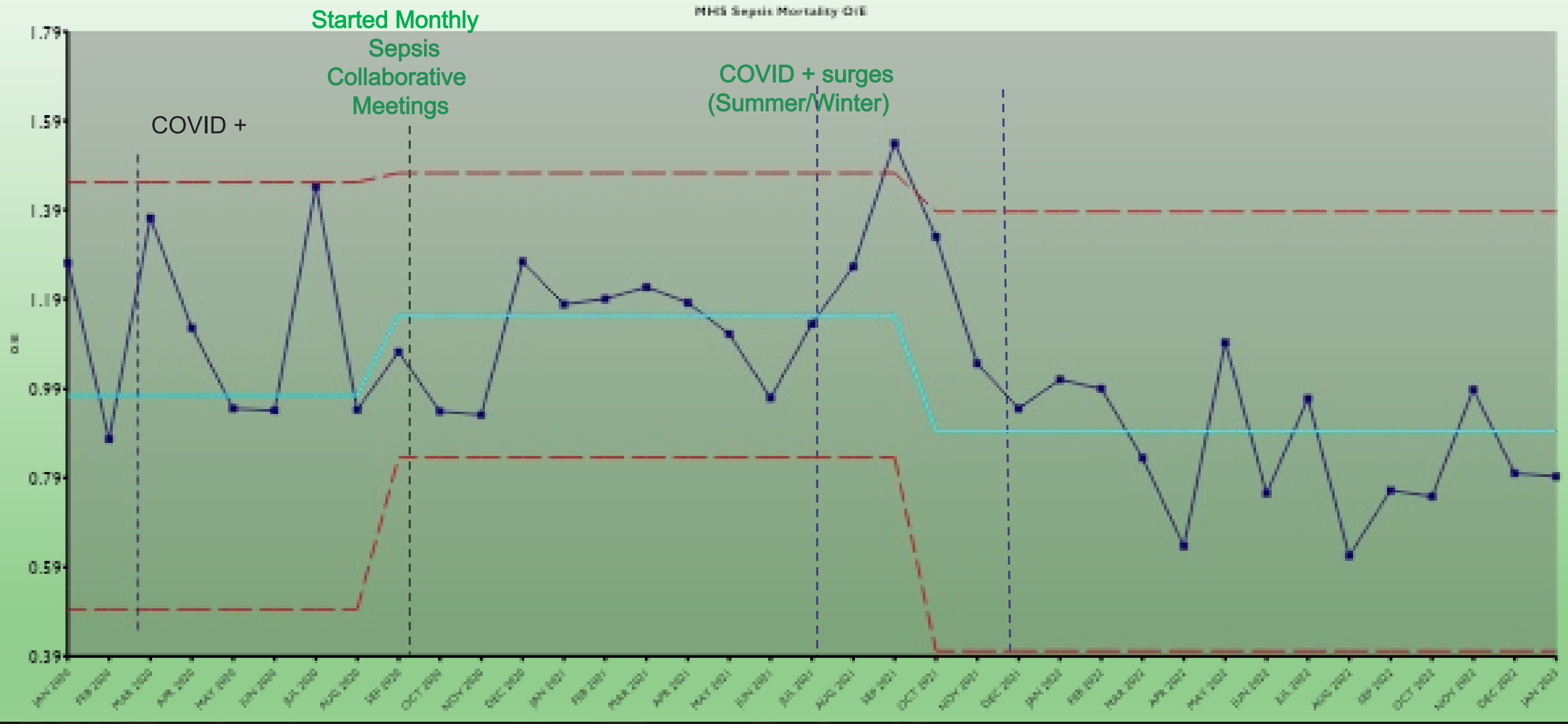

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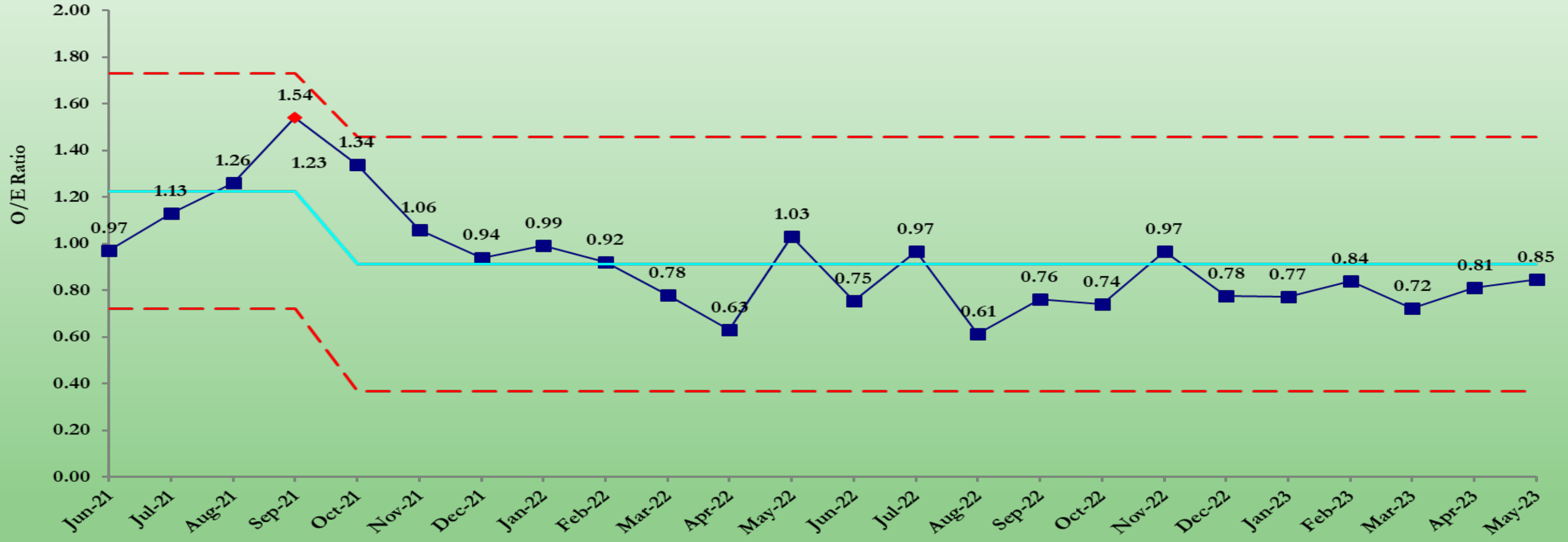
MHS - Sepsis Mortality O/E Ratio
Risk Adjusted Premier Aggregate
06/2021 to 5/2023



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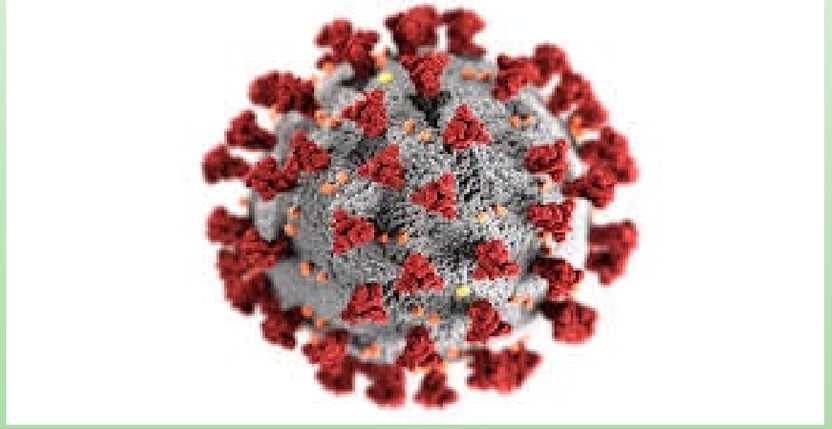
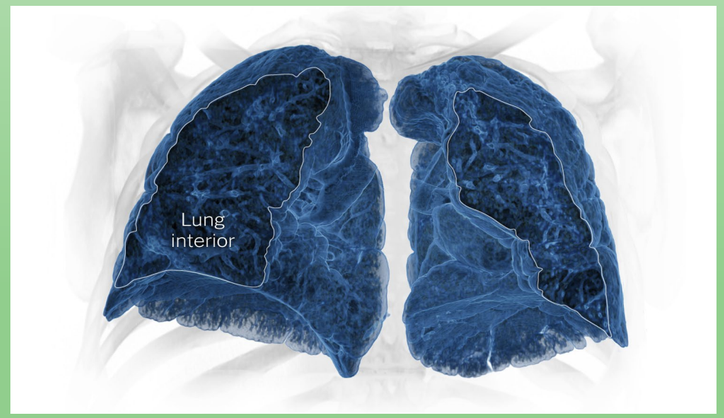
January 2020:
Covid & the Global Pandemic





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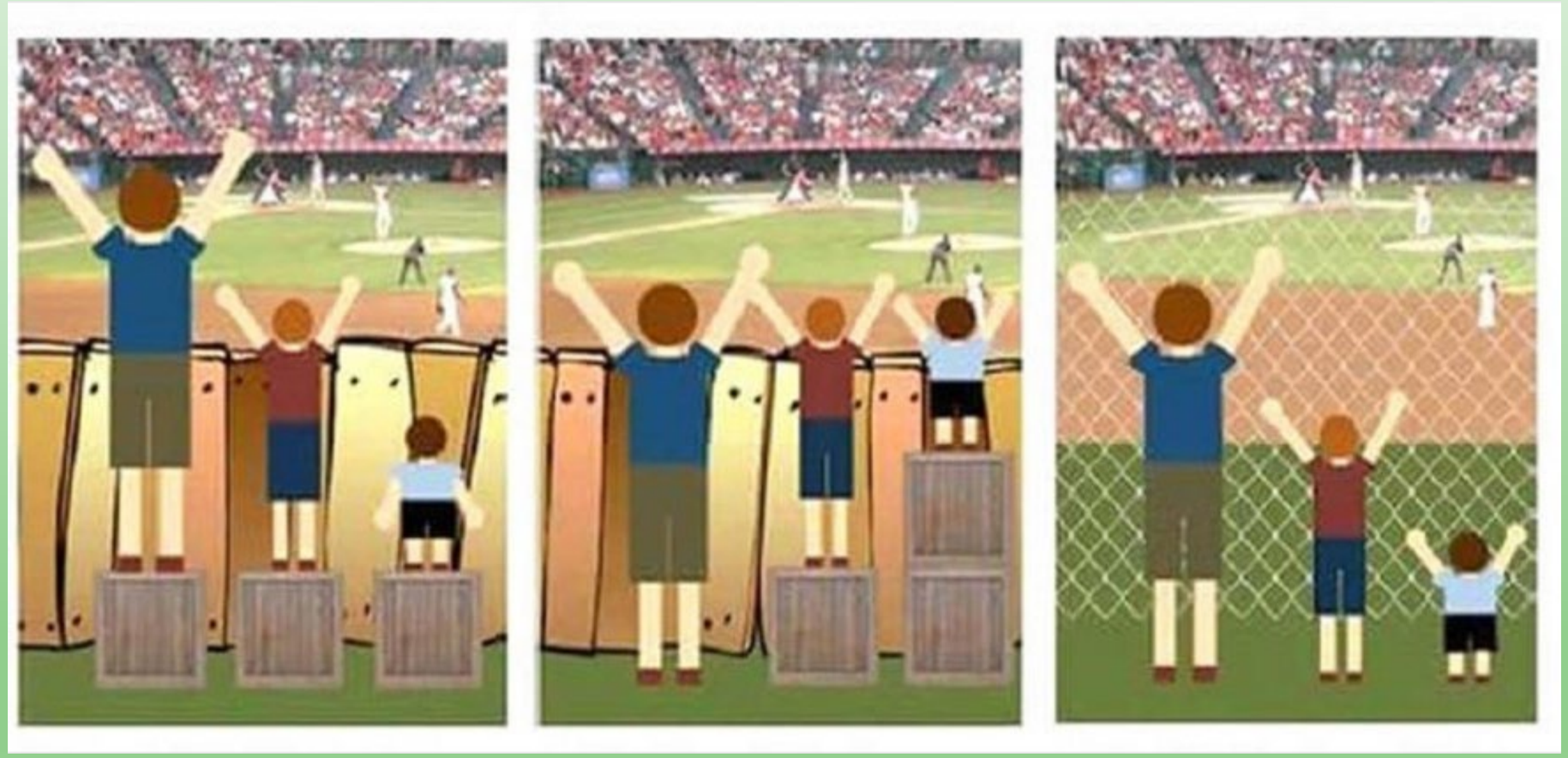
Healthcare
Equality – Equity - Inclusion



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COVID: Racial & Ethnic Disparities

- Disproportionate harm to marginalized groups
  - Blacks, Hispanics, Asian, Native American = higher rates of infections than Caucasians
- Marginalized patients at greater risk for Hypertension, Diabetes, Obesity and other chronic co-morbid conditions
- Poor or limited access to health care, or initiating care later in the course of COVID illness
- Many Hispanics/Immigrants lost health coverage during COVID
  - Fear of deportation among immigrant community

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COVID: Racial & Ethnic Disparities

"After adjustment for age, sex, insurance status, comorbidities, neighborhood deprivation, and site of care, was no significant difference in mortality between Black patients and White patients" (Yehia et al 2019).

But…is this TRUE??

How do you adjust for differences in life experiences?

What about those immigrants with language barriers?

Conflicting/Ambiguous information coming from so-called "experts"?

Was public health information disseminated in ways that are equally understandable to different groups?

"More than 40 million individuals in the US filed for unemployment benefits, but Black and Hispanic individu particular, have experienced disproportionate job loss". Lopez L, Hart LH, Katz MH (2021).

Implicit Bias in Healthcare

“Of all forms of inequity, injustice in health care is the most shocking and inhuman.” Martin Luther King Jr, 1966.

Defining Implicit Bias- a bias or prejudice that is present but not consciously h or recognized, (Joint Commission, 2016).

How Does Implicit Bias Affect Healthcare?

Explicit biases , the attitudes and assumptions that we acknowledge as pa our personal belief systems

Implicit biases by contrast, are attitudes and beliefs about race, ethnicity, ability, gender, or other characteristics that operate outside our conscious awareness and can be measured only indirectly.

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Implicit Bias in Healthcare

How can healthcare organization's approach implicate bias?

- Comprehensive organizational interactive skill building in Diversity Equity and Inclusion (DEI)
- Collect data
- University of Washington School of Medicine

https://depts.washington.edu/hcequity/ bias-sorting-tool

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Hidden Figures: Implicit Bias

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Health Equity vs. Equality

Equity

- Fair & Just opportunity to attain highest level of health
- Prioritized - social justice in healthcare – adjust resources for disadvantaged groups to create an even playing field
- Adjust resources for disadvantaged groups to truly create an even playing field.
- Takes into consideration different cultures, socio-economic status – think how poverty can affect health…food/grocery store availability, trauma, violence

Equality

- Equal treatment and availability of health care services for all
- Prioritizes treatment and care based on need
- Focus on access and interacting with the healthcare system
- Equality provides the same level of care i.e.; all Comprehensive Stroke Centers, but are there Comprehensive Stroke Centers are readily available where the need is greatest?

Saint Catherine University. Health Equity vs. Health Equality: What's the Difference?. April 25, 2022. from https://www.stkate.edu/academics/healthedegrees/healthequity-vs-health-equality

Health Care Inequities

“Health inequities are differences in health status or in the distribution of hea
resources between different population groups, arising from the social condi
in which people are born, grow, live, work and age.” (World Health Organiza
2018)

Social Factors: Education, employment/income status, gender/ethnicity all contribute to the health of the individual

Societal Factors: Maternal mortality, Tuberculosis, Increased incidence of dementia, environmental threats

Health Care Inequities

Food insecurity, Telemedicine/Broadband access, Insurance cov
Education, Housing, Homeless Populations

Think about the current migrant crisis across the nation…Higher rates of infectious disease transmissions, living conditions, food shortages

Centers for Medicare Medicaid Framework for Health Equity

- Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
- Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies Operations to Close Gaps
- Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and H Care Disparities
- Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Ser
- Priority 5: Increase All Accessibility to Health Care Services and Coverage. Reference: Centers fo Medicare and Medicaid. (2022).

Joint Commission

Health Equity National Patient Safety Goal

NPSG 16.01.01 - Improving health care equity for the organization's patients i
quality and safety priority.

- Need a designated leader
- Assesses the patient's health-related social needs (HRSNs)
- Access to transportation - Difficulty paying for prescriptions or medical bills - Education and literacy - Food insecurity - Housing insecurity

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Joint Commission

Health Equity National Patient Safety Goal

NPSG 16.01.01 Improving healthcare equity for the organization's patients is a quality and safety priority.

- Data stratification using the sociodemographic characteristics of their patient population
  - Age
  - Gender
  - Language
  - Race/Ethnicity
- Develop a written action to describe how the organization will improve healthcare equity
- Informs key stakeholders about progress in improving health care equity at least annually

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How does the EHR play a role in Healthcare Equity?

- **Domain 2 – Data collection**

  Collects demographic information—self-reported race, ethnicity, and sexual orientation and must be entered into the EHR

- **Domain 3 – Data Analysis**

  Identifies and stratifies key performance indicators through demographic information collection—reported race, ethnicity, sexual orientation

- **Domain 4 - Quality Improvement**

  Hospitals participate in local, regional, or national quality improvement efforts with the expressed goal of reducing health disparities

(Centers for Medicare and Medicaid, (2022).

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Barriers to Implementation

Lack of Goals and Metrics

Inadequate Training

No Buy-In from Leadership

Budgetary Restriction

RestrictionsReference: WellRight (2023, Februa
1). Getting Past the Top 5 Barriers to DEI Progr
Implementation.
https://www.wellright.com/blog/getting-past-top-5-
barriers-dei-program-implementation

High Reliable Organization:
Five key Principles of High Reliability

- **Preoccupation with Failure** – Be wary of success and complacency!
- **Sensitivity to Operations** – What is happening on the frontlines?
- **Reluctance to Simplify** – Welcome diverse experiences/diverse opinions.
- **Commitment to resilience** – Be able to detect, contain, and bounce back from errors.
- **Value all expertise** – Push decision-making to the individual(s) with the most expertise.

Reference: Weick and Sutcliffe. (2007) *Managing the Unexpected*

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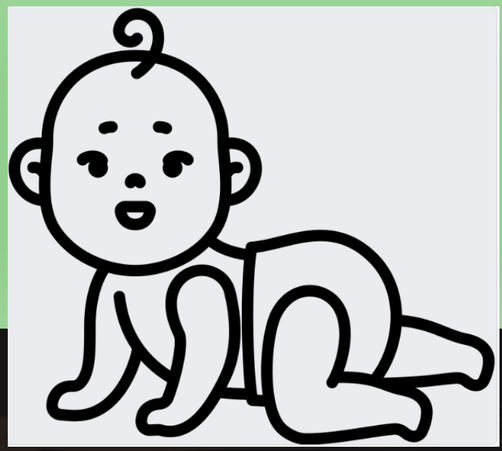
Health Equity NPSG: Crawl, Walk, Run

Crawl –Understand before Execute

- Introduce Health Equity to our Executive Teams/Board Members/Stakeholders

- Identify key individuals to carry out the initiative then build your team

- Create imperatives for strategic communication



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Health Equity NPSG: Crawl, Walk, Run

Walk – Executing tasks with Supervision

- Realizing the true potential of the engagement begins
- Assessment strategy sessions – what's working – what's not?
- Understand human dynamics – not all will be ready for change at the same ti

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Health Equity NPSG: Crawl, Walk, Run

Run – Teams Fully Functional

- Full integration of the plan and the plan reaches its full potential
- Accelerate what's working and run with it realize not all tasks wi or need to be operationalized at the run phase

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Health Equity & Accountable Care Organizations

- Accountable Care Organizations (ACO's) are a partnership of providers ar 3rd party payers that assume a range of responsibility for a specific popula and are accountable for their member's health.

- ACO's are financially incentivized to improve the quality of care while controlling cost– Out of pocket expenses

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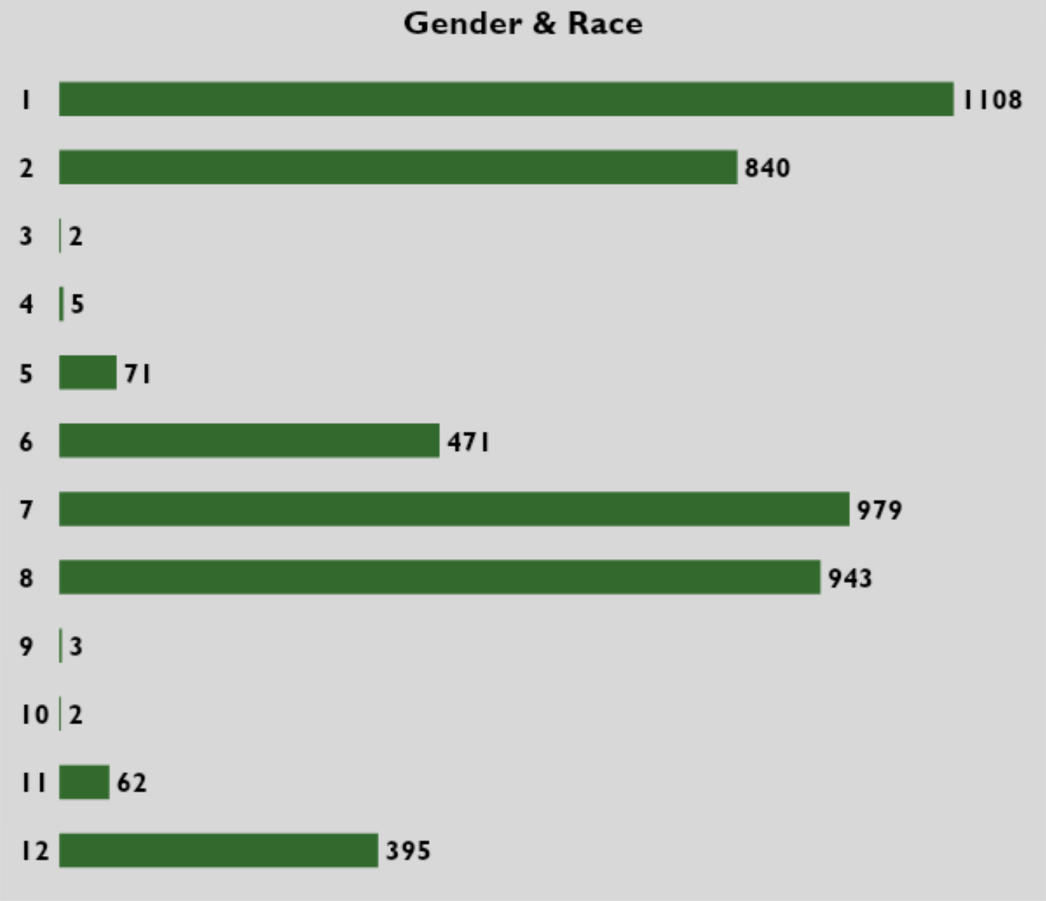
Health Equity & Accountable Care Organizations

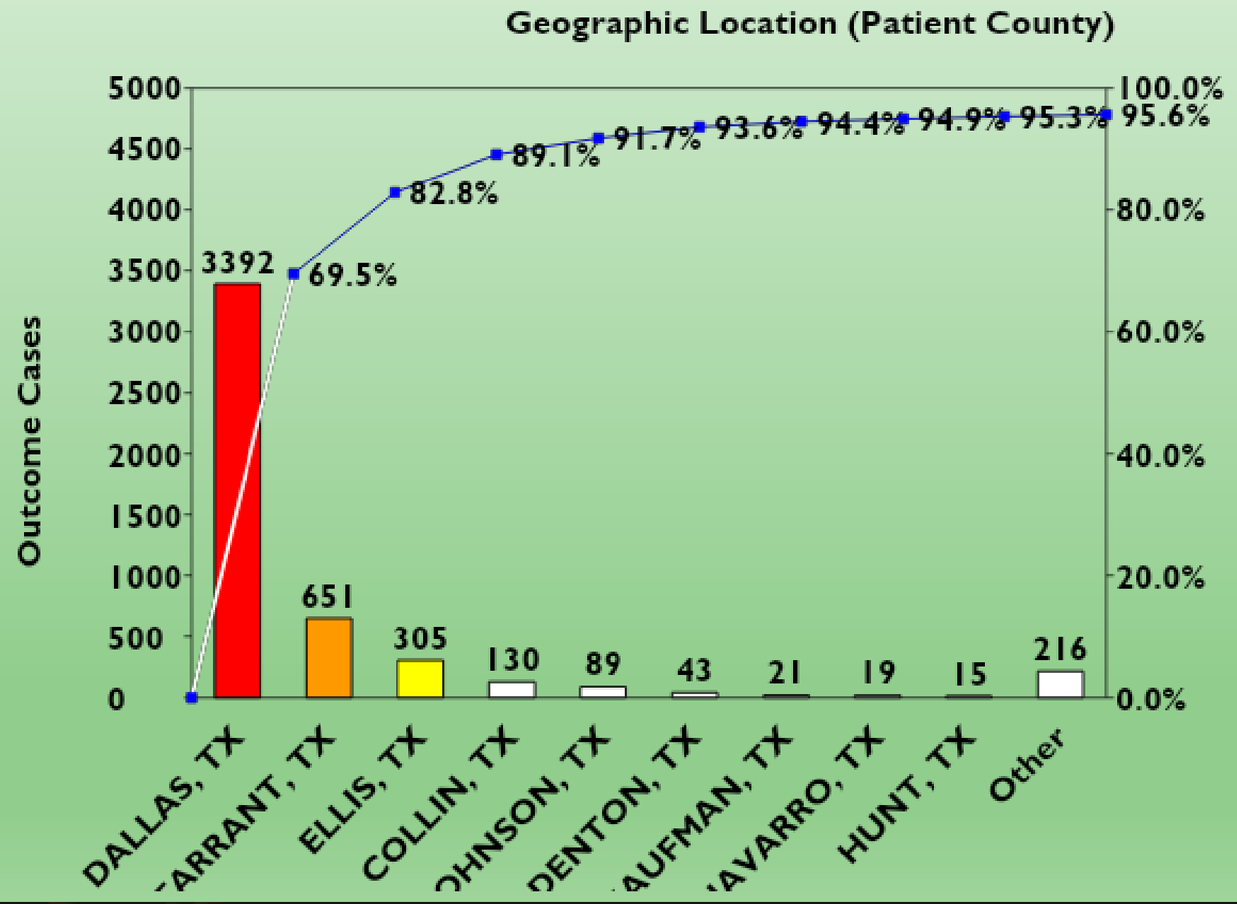
- Accountable Care Organization’s work to improve chronic disease management, ensure smooth transitions from hospitals to home and prom preventive care to keep its members healthy

- Advance Health Equity to Bring the Benefits of Accountable Care to Underserved Communities.

MHS and Health Equity Journey

- The majority ofour patients are aged 60-79 years, and we have succeeded in saving more lives.
  - Opportunity to save more lives for ages 18-59 years.





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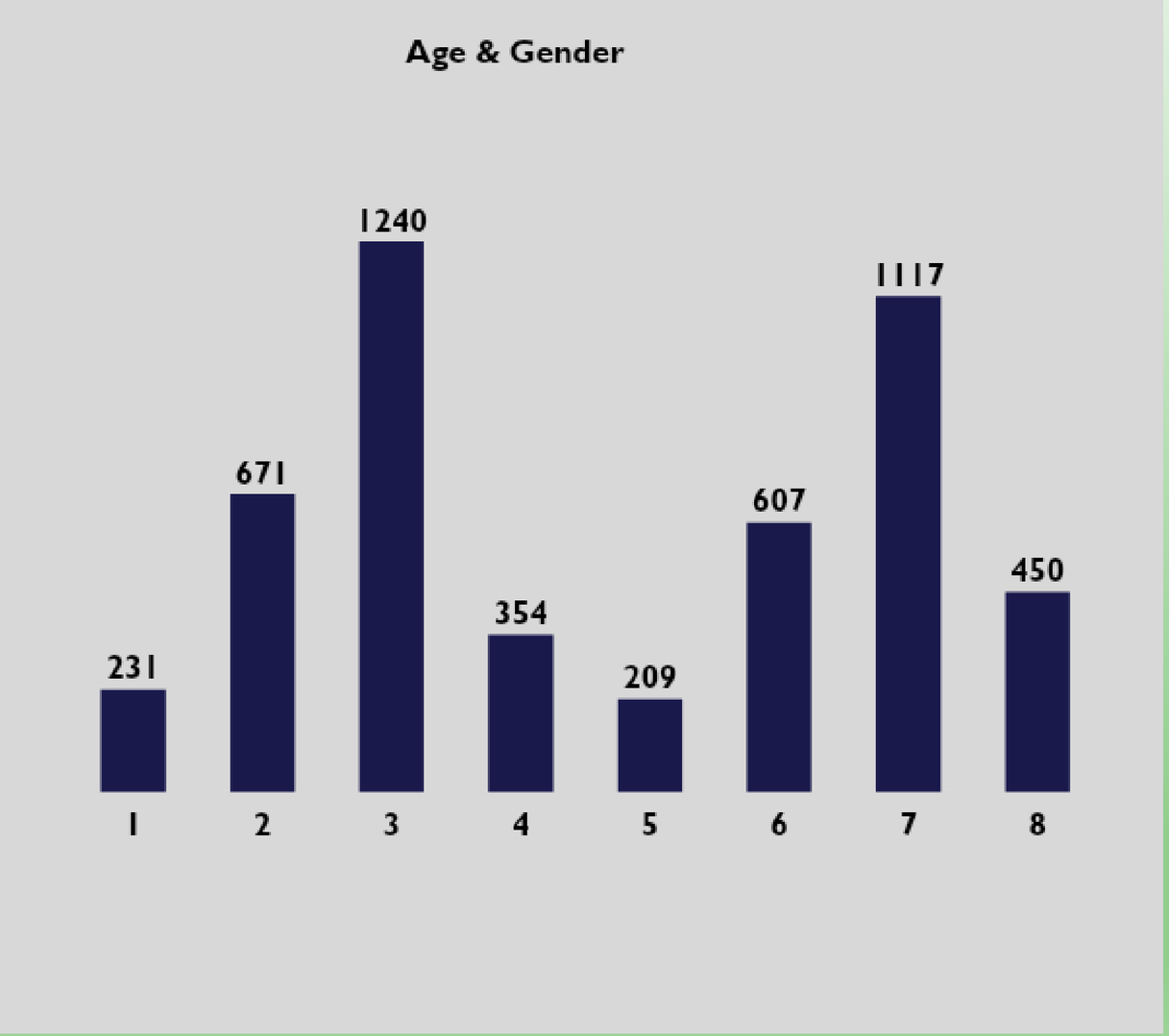
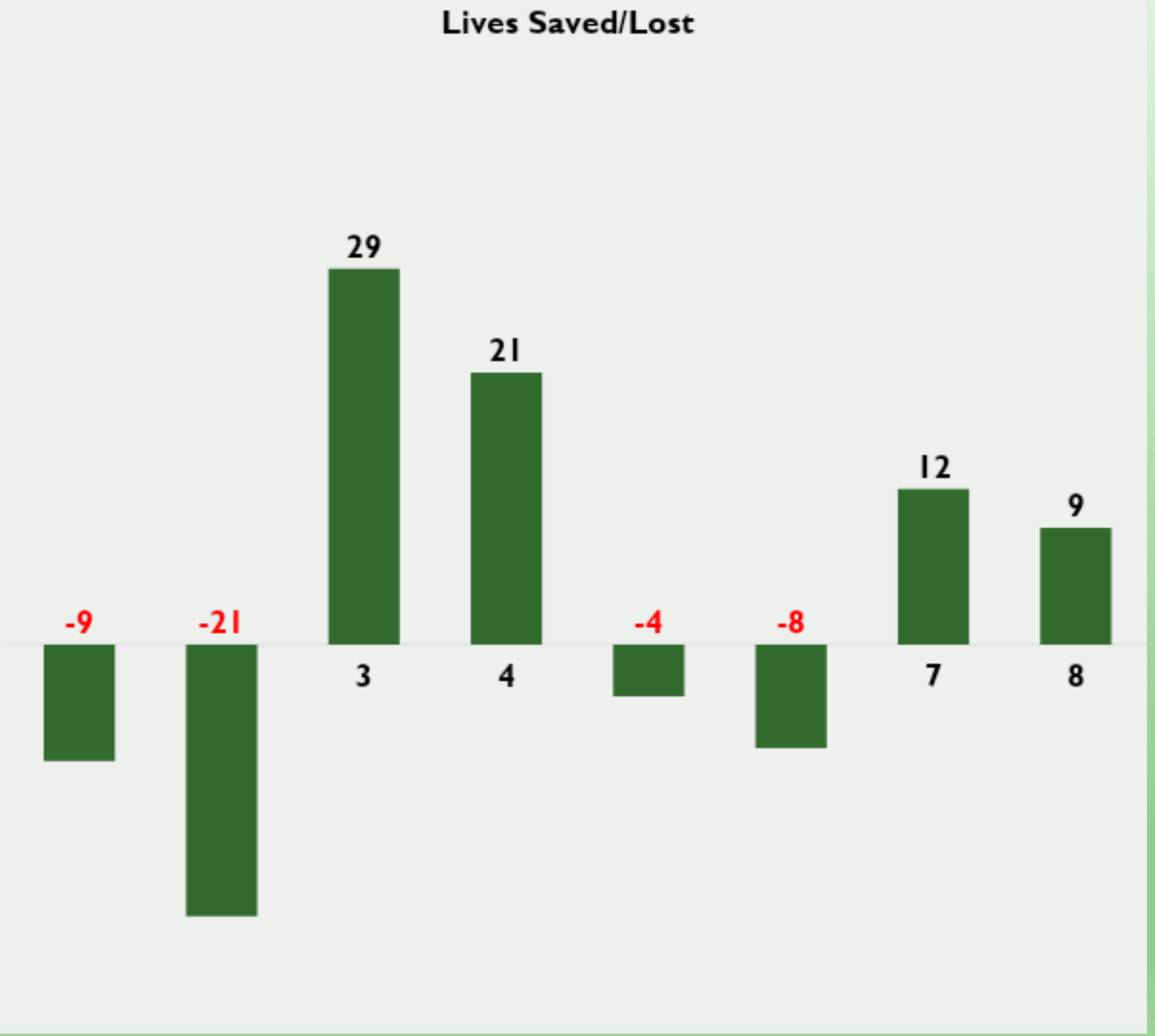
MHS and Health Equity Journey





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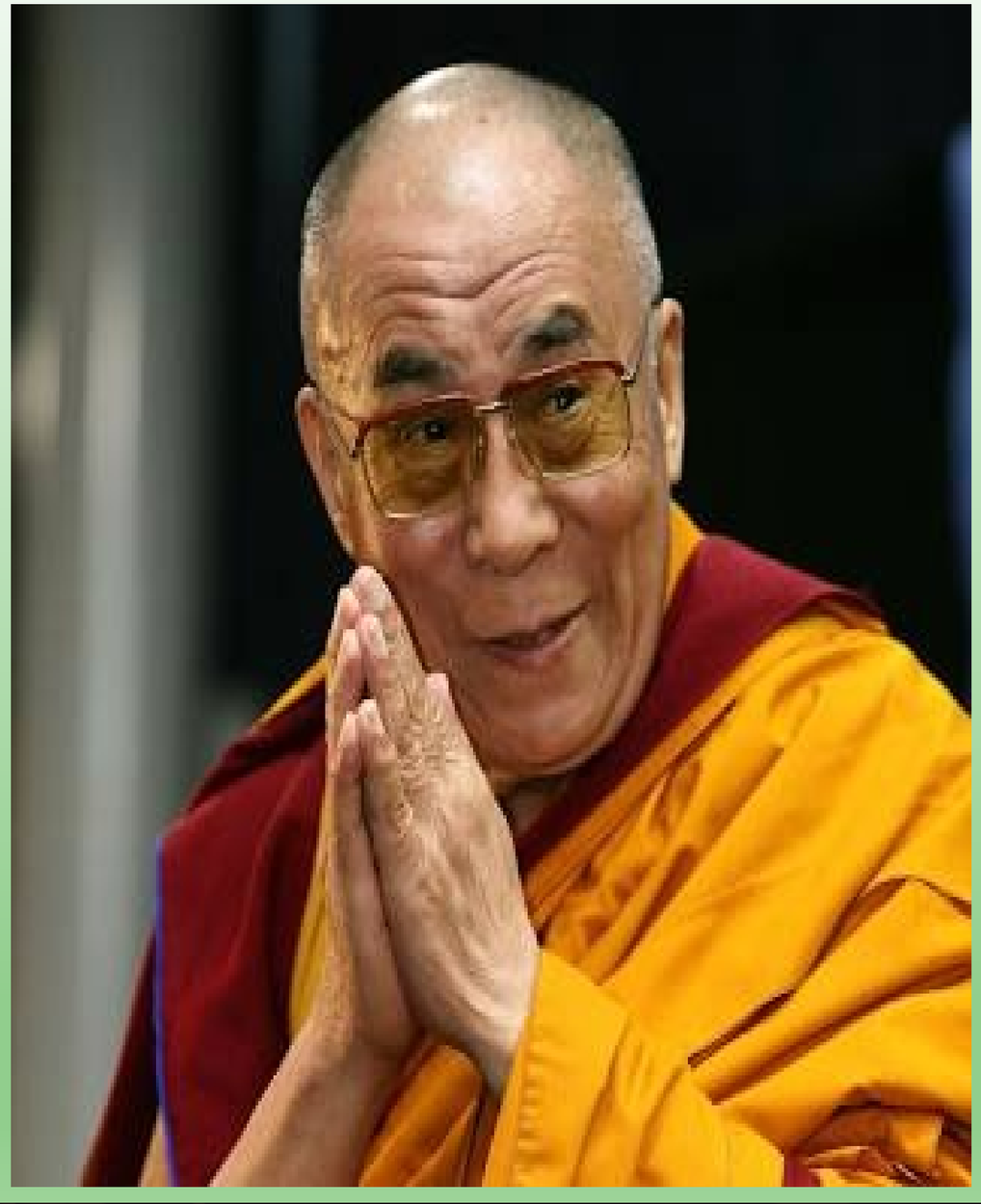

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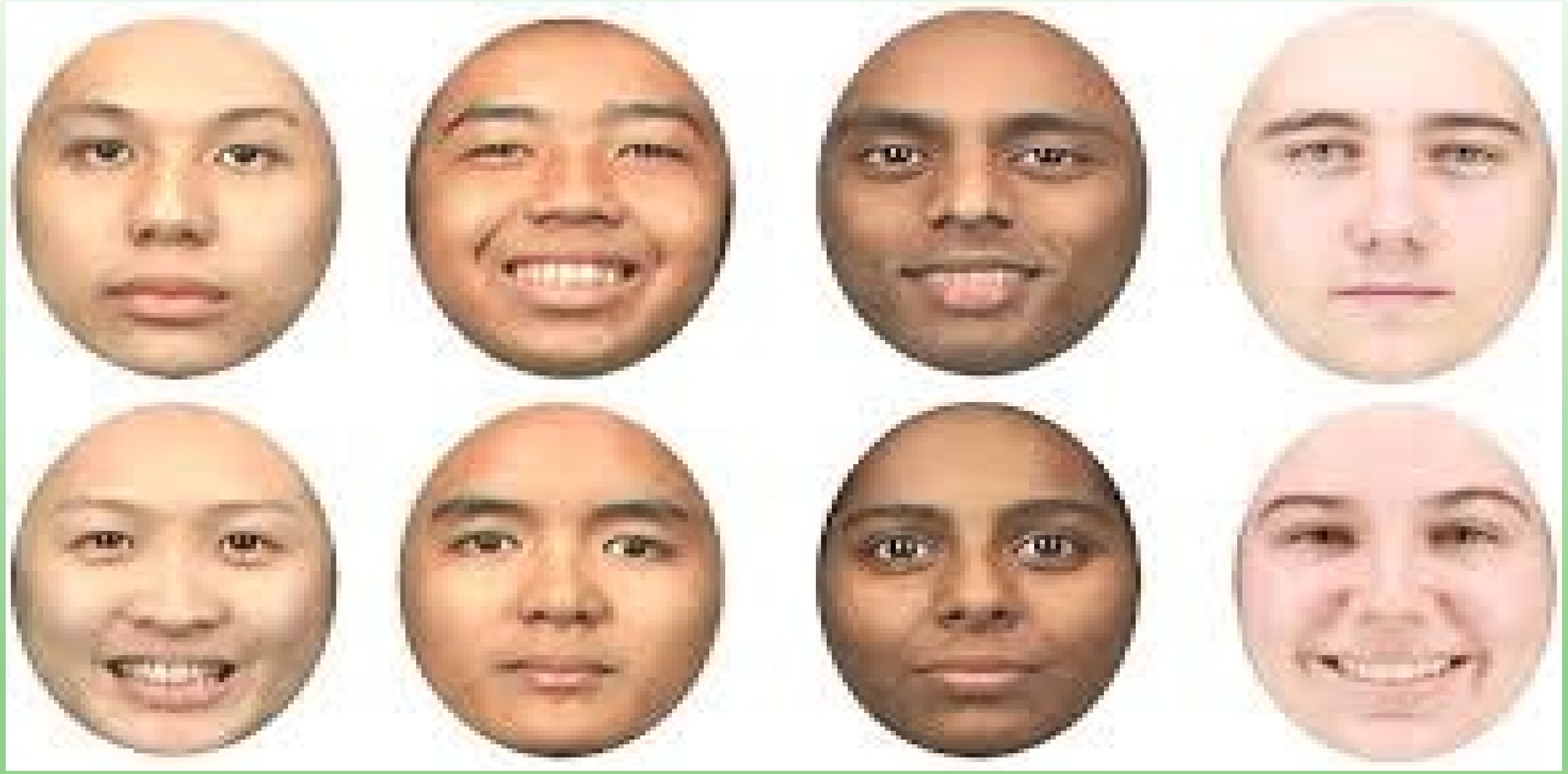

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